

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000096240

Entity Name

WILLIAMS, LIVINGSTON & ASSOCIATES, P.A.

Principal Place of Business

130 EAST HILLCREST STREET
ORLANDO FL 32801

Mailing Address

130 EAST HILLCREST STREET
ORLANDO FL 32801

Principal Place of Business

300 South Orange Avenue

3. Mailing Address

300 South Orange Avenue

Suite, Apt. #, etc.

Suite 1500

Suite, Apt. #, etc.

Suite 1500

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32801

Country

Zip

32801

Country

4. FEI Number

01-0549440

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LIVINGSTON, SCOTT A
130 EAST HILLCREST STREET
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

300 South Orange Avenue

Suite 1500

City

Orlando

FL

Zip Code
32801

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Scott A. Livingston, Vice-President

2/6/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

1. OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS ITY-ST-ZIP	PTD WILLIAMS, CHARLES E JR. 130 EAST HILLCREST STREET ORLANDO FL 32801	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300 South Orange Avenue, Suite 1500 Orlando, FL 32801	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS ITY-ST-ZIP	VSD LIVINGSTON, SCOTT A 130 EAST HILLCREST STREET ORLANDO FL 32801	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300 South Orange Avenue, Suite 1500 Orlando, FL 32801	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS ITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS ITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

3. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90174 010 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)